

State of Minnesota

District Court
Probate Division

County of _____

Judicial District: _____

Court File No. _____

Case Type: 14, Conservatorship

In Re: ☐ Guardianship

☐ Conservatorship of

Affidavit of Service by Mail

State of Minnesota

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) SS

County of _____)

_____, says that on (date)

_____, 20____ he/she served (name document served) _____

on the following persons by mail:

1. **Ward / Protected Person:** Name: _____

Address: _____

2. **Interested Parties:**

Relationship	Name	Address
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a) Spouse (include an adult with whom Respondent has resided for six months or more):

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- b) **Kindred:** (adult children, parents and adult brothers and sisters; if none of these, then list the nearest adult kin; See M.S. § 524.5-303(b)(3) and 524.5-102 subd. 7)

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- c) **Administrator** (if Respondent is in a hospital, nursing home, VA unit, home care agency or other institution):

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d) Legal Representative (guardian/conservator, representative payee, trustee or custodian of property):

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e) Persons serving as guardian or conservator:

f) Other persons:

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I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Date: _____

Signature of Affiant

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE COURT WITH A
COPY OF THE DOCUMENT MAILED TO EACH PERSON**